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| 1. REPORT DATE JUL 2010 | | 2. REPORT TYPE Final Report | | 3. DATES COVERED 00-07-2007 to 00-07-2010 | |
| 4. TITLE AND SUBTITLE Endotracheal Intubation Training Exercise Using a Ferret Model (Mustela putorius Juro) | | | | 5a. CONTRACT NUMBER | |
| | | | | 5b. GRANT NUMBER | |
| | | | | 5c. PROGRAM ELEMENT NUMBER | |
| 6. AUTHOR(S) Kermit Helo | | | | 5d. PROJECT NUMBER FKE20070008A | |
| | | | | 5e. TASK NUMBER | |
| | | | | 5f. WORK UNIT NUMBER | |
| 7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 81st Medical Group,301 Fisher St,Keesler AFB,MS,39534 | | | | 8. PERFORMING ORGANIZATION REPORT NUMBER FKE20070008A | |
| 9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 81st Medical Group, 301 Fisher St, Keesler AFB, MS, 39534 | | | | 10. SPONSOR/MONITOR'S ACRONYM(S) 81MDG | |
| | | | | 11. SPONSOR/MONITOR'S REPORT NUMBER(S) FKE20070008A | |
| 12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited | | | | | |
| 13. SUPPLEMENTARY NOTES | | | | | |
| 14. ABSTRACT This exercise provides specialty training to Air Force physicians, residents, nurses, and medical technicians. It provides a means to practice endotracheal intubation on an animal model simulating an infant. Proficiency in this technique will promote excellence in medical care for Air Force dependents and assure Air Force personnel ofthe Medical Corp's intent to continually provide the highest standard of dependent care. Sixteen training laboratories were conducted and 73 personnel were trained. | | | | | |
| 15. SUBJECT TERMS Endotracheal Intubation Training; Ferret | | | | | |
| 16. SECURITY CLASSIFICATION OF: | | | 17. LIMITATION OF ABSTRACT 1 | 18. NUMBER OF PAGES 2 | 19a. NAME OF RESPONSIBLE PERSON |
| a. REPORT unclassified | b. ABSTRACT unclassified | c. THIS PAGE unclassified | | | |

**DATE OF IACUC: JULY 2010
81st MEDICAL GROUP
KEESLER AFB, MISSISSIPPI**

**ANIMAL TRAINING / RESEARCH PROTOCOL
PROGRESS REPORT/FINAL REPORT**

This is a Training Protocol Progress Report ____ / Final Report XX

- 1. Protocol Number assigned by CRL: FKE20070008A**
- 2. Protocol Title:** "Endotracheal Intubation Training Exercise Using a Ferret Model (*Mustela putorius furo*)"
- 3. Principal Investigator (PI):** *(Include your rank and name, office symbol, telephone number, beeper number, e-mail)*
Kermit Helo, Major, USAF, MC, Staff Pediatrician, 81 MDOS/SGOC, Phone: (228) 376-3429, Email: kermit.helo@keesler.af.mil
- 4. Purpose:** *(copy from your original protocol and paste here)*
This exercise provides specialty training to Air Force physicians, residents, nurses, and medical technicians. It provides a means to practice endotracheal intubation on an animal model simulating an infant. Proficiency in this technique will promote excellence in medical care for Air Force dependents and assure Air Force personnel of the Medical Corp's intent to continually provide the highest standard of dependent care.
- 5. Status of the Study:** Mark the status of the study.
 - a. ____ Active with ongoing training. Request approval to remain open.
 - b. ____ Study was never initiated and request termination of the study.
 - c. XX Completed all approved training. Request approval to close.
- 6. Summary of Progress:** This report covers the following period of time: *(Insert dates)* July 2007 - July 2010
 - a. Since Last Progress Report or Initiation of Study: A total of sixteen training labs were conducted during the three year approval period. I have completed 100% of the study and request closure due to the triennial de novo review requirement.
 - b. Number of personnel trained and number of animals used:
 - (1) Personnel Trained: 73
 - (2) Animal Usage: 30
 - c. I anticipate PCSing or separating on or about: July 2011 *(insert date)*.
- 7. If this is a FINAL REPORT:** Were the protocol objectives met and how did the training benefit the DoD/USAF? The objectives were met. This is a very worthwhile and beneficial training protocol because it gives our physicians, residents, nurses, and medical technicians an opportunity to practice endotracheal intubation on animals before having to accomplish this procedure on a human infant.

➤ IF THIS IS A FINAL REPORT PROCEED TO #9 <

8. Protocol Changes:

a. Protocol Procedural Changes:

1. ☐ No changes are anticipated and the protocol will continue as previously approved by the IACUC.
2. ☐ Changes anticipated are described as follows: *(Description)*

b. Protocol Personnel Changes:

1. Has there been any Principal or Associate Investigator (PI/AI) changes since IACUC approval of protocol or the last annual review? ☐ Yes ☒ No. If yes, complete the following sections (Additions/Deletions) and indicate whether or not the IACUC has approved this change.

(a) Additions: *(Include Name, Protocol function, IACUC approval - Yes/No)*

(b) Deletions:

2. Has there been any changes in animal care personnel since IACUC approval of protocol or the last annual review? ☐ Yes ☒ No. If yes, complete the following sections (Additions/Deletions) and indicate whether or not the IACUC has approved this change.

(a) Additions: *(Include Name, Protocol function, IACUC approval - Yes/No)*

(b) Deletions:

9. Funding:

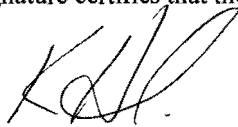
a. Operation and Maintenance (O&M) funding in the amount of \$4,812.00 was approved in my original protocol for the three year duration of the study. Total funding used for the three years is \$3,366.00.

b. No additional funding requested.

c. I have received External Resources to support this study in the form of: N/A

10. Certification of Principal Investigator:

My signature certifies that the above titled protocol has been/will be conducted in full compliance with the Animal Welfare Act and associated federal, state, and local regulations, and IACUC requirements/policies governing laboratory animal research/training. I understand that an annual progress report is required in order to maintain continuation approval and any changes in the study/methodology that will affect the animal care and/or use must be approved by the IACUC prior to implementation. If the study has never been initiated and I am requesting termination (Item 5.b. above), my signature certifies this request. If the study is completed (Item 5.c. above) and I am requesting closure, my signature certifies that the information provided on this form represents an accurate final report.



Signature Block of Principal Investigator
KERMIT HELO, Major, USAF, MC
Staff Pediatrician
81 MDOS/SGOC

8 Jul 10
Date